

## **Hospital Safety Inspection Completed**

Former JCAHO surveyor Carroll “Bud” Ockert completed his inspection of the Vermont State Hospital (VSH) last Friday and reported on two deficiencies that needed prompt attention: replacement of existing screws with security screws in Brooks 1 bathrooms and seclusion rooms, and the shortening of wires from a television and other appliances on Brooks Rehab. Other deficiencies that needed correction involved:

- Hazmat manifest sheets.
- Several light bulbs that needed replacement.
- Circuit breakers that need better labeling.
- An electrical panel that should be relocated.
- A corridor door that needed to be cleared of obstruction.
- Plumbing fixtures in bathrooms that should be boxed.
- Some furniture that has holes in the upholstery.
- A sprinkler head that was obstructed.
- An emergency light test button that didn’t work.
- A lack of sufficient documentation about electrical generator readiness.

The hospital staff has developed a work plan to address all findings and is working with Buildings and General Services to schedule repairs.

## **FAHC Reviews VSH Upgrades**

Buildings and General Services (BGS) representatives met last week with David Keelty, FAHC vice president for facilities, to review plans and specifications for proposed improvements to the VSH physical plant. The outcome of the meeting included recommendations that slotted HVAC grills be replaced with risk resistant ones in all patient rooms. Replacement had already been planned for bathrooms and seclusion rooms. Replacement was suggested for dayrooms, as well, if they are not being monitored with cameras. Also recommended was the use of a perforated panel enclosure for a porch stair tower, rather than a solid enclosure.

BGS’s next step is to work with hospital management to determine funding sources for the various work items reflected in this review and the Ockert inspection, and to prioritize them to take care of the most pressing items first, as funds allow.

## **VSH Census**

The census at Vermont State Hospital as of midnight Wednesday night was 45, down from a high of 52 a week ago. Acting Deputy Paul Blake noted that forensic admissions have been

running high, bringing the forensic census to 18 at midweek, compared to 10 approximately a month ago. (The number does not include the forensic population at the hospital more than one year.) The proportion of forensic admissions to total census has almost doubled during the same period, from 22 percent five weeks ago to 40 percent on Wednesday. The individuals being referred from the courts were clinically in need of inpatient care, which makes these appropriate referrals. The division staff will monitor forensic admissions closely over the next few months to determine whether or not the recent increase is part of a trend.

## **Deputy Applications Begin Arriving**

More than a dozen applications for deputy commissioner have been received. Applicants include both in-state and out-of-state individuals, and people from both within and outside of state government.

An informal selection advisory group for choosing the new deputy will begin work next week. This group will provide input regarding desired experiences and qualifications for the new deputy, review applications, decide which candidates are to be interviewed, perform the first round of interviews and develop a recommended list of finalists.

Advice will also be sought from the Child, Adolescent and Family Standing Committee and from the Adult Standing Committee.

## **Update on Transformation Grant**

The SAMHSA Mental Health Transformation Grant stakeholder advisory group met on Wednesday to develop grant proposal concepts. About two dozen staff, consumers, advocates and both public and private providers participated. The group will meet three more times (again on April 27, May 11, and one other date to be set later) to advise a smaller grant work team, which will be meeting weekly. The application deadline is June 1.

## **Retreat Designation Site Visit Planned**

Staff members of the Division of Mental Health will be conducting a designated hospital site visit at Retreat Healthcare on May 12.

This formal site visit is the final step in the process for Retreat Healthcare to become designated by the commissioner of health to provide involuntary psychiatric inpatient care based on Vermont's specific standards, policies and procedures. Retreat Healthcare, a private, not-for-profit, psychiatric hospital, already is authorized by Vermont law to provide involuntary psychiatric inpatient care. (Other hospitals providing such services are authorized by the commissioner of health's designation.) Though it is not technically required, the Department of Health requested that the Retreat complete the designation process in order to have additional quality assurances, and the Retreat management complied.

Division staff members have been working closely with the Retreat Healthcare over the past several weeks to ensure conformance with necessary legal and policy standards and preparedness for the site visit.

Four community hospitals with inpatient psychiatric units (Fletcher Allen Health Care, Central Vermont Medical Center, Rutland Regional Medical Center and Springfield Hospital-Windham Center) and the Vermont State Hospital have been or will be going through the re-designation process this year.

The Retreat site visit will be conducted by the division's medical director and legal services, quality management, and acute care staff. A report of findings and a recommendation will be submitted to the commissioner for final consideration and determination of the designation status within a few weeks of the site visit.

## **Sexual Predator Program Would Be Out of State**

Health Commissioner Dr. Paul Jarris testified before the House Judiciary Committee this week on the proposed civil commitment of individuals who have been convicted of violent crimes, including sexual assault, and who the State believes are likely to re-offend. Under the proposal, the State would be instructed to provide treatment designed to lessen the risk that the committed individual would engage in further acts of violence.

Jarris stressed that there is no existing program for such individuals, that the Vermont State Hospital could not be involved, and that, for important clinical and other reasons, the treatment of such individuals would have to be kept entirely separate from the mental health treatment services currently provided.

If Vermont were to initiate such a program, according to Jarris, we would have to look for services out of state and the commitment procedures would have to be distinct and separate from existing procedures related to mental illness.

## **Futures Planning Efforts**

Division staff are working closely with the designated agency leadership to develop options based on the February 4 Recommendations. The group is identifying locations and facilities, clinical criteria, and programming characteristics for sub-acute rehabilitation and secure residential capacities. Specifications for a care management system also are being developed.

## **Act 264 Board Makes Recommendations**

The Vermont Advisory Board for Children and Youth with Special Mental Health Needs (Act 264 Advisory Board) has presented its 2005 priority recommendations for the interagency system of care for Vermont's children and adolescents with severe emotional disturbance. The recommendations go to the commissioners of Health, of Children and Families, and of Education, and to the secretary and deputy secretary of the Agency of Human Services.

The first recommendation is that the increase in community mental health funding proposed in the governor's budget should place priority on increasing overall staff compensation rather than program expansion. The board voiced concern that the foundation of Vermont's public system of community mental health centers continues to be undermined by high rates of staff turnover and staff vacancies as a result of salaries that are not competitive in today's job market. The board believes that adequate staff salaries will have two major impacts: improvements in service quality and an increase in service capacity.

The second recommendation is that the Act 264 State Interagency Team be charged with drafting a white paper on how Vermont's interagency system of care can better meet the needs of children and adolescents with autism spectrum disorders. The board believes Vermont needs a clear strategic plan on how to meet the scope and complexity of needs for a population that is rapidly expanding. For additional information, contact Alice Maynard ([amaynard@vdh.state.vt.us](mailto:amaynard@vdh.state.vt.us))